

APPENDIX AD TO 2013 STATE AND COUNTY CONTRACT FOR SOCIAL SERVICES AND COMMUNITY PROGRAMS

Title: Community Integration Program (CIP 1A)

It is further understood and agreed by both parties through this attachment to the CY 2013 "State and County Contract Covering Social Services and Community Programs" that both parties shall comply with all provisions set forth in this contract regarding the Community Integration Program 1A, herein after referred to as CIP 1A.

I. FUNDS PROVIDED/PERIOD COVERED

Funding Period and Amount: Funds identified in this contract are provided for the period January 1, 2013 through December 31, 2013. The initial value of this contract is the sum of the minimum potential federal and State GPR funding the County can earn for each waiver slot assigned to it by the Department and the federal portion of costs above the revenue earned by slots.

New waiver slots may be assigned to the County during the term of the contract when a prospective waiver participant, who is not replacing a current or former participant, receives approval for their individualized service plan from the Department. The total number of slots assigned to the County may be reduced if a participant transfers to a different County as specified in the MA Waivers Manual.

Waiver slots in CIP 1A are distinguished from one another by the level of funding which the County can earn. These levels are based on the creation date of the slot. Funds used to match the federal share of MA funding for these slots include state GPR funds in an amount up to the required matching share of seven levels of the State per diem rates. Reimbursement will be based on the average daily claims which must be less than or equal to the State per diem rate for program participants. Reimbursement shall be based on the daily average of claims for all program participants for each type of slot. The county will also be reimbursed the federal percentage of costs over the amount earned by state GPR matched slots. Funding for these types of slots may be used to reimburse the County for costs they incur if costs are included in a valid claim submitted for an eligible CIP 1A waiver program participant and associated service coordination costs.

Funding Formula: The minimum potential funding the County has been allocated is based on the number and type of waiver slots in use. The allocation is calculated as: the "State Per Diem Rate" for each level of slots, based on the relocation date of the individual, multiplied by the maximum number of days for each eligible CIP 1A participant. The term "days" used in the formula means the number of days between 1) the later of January 1, 2013 or the person's waiver start date, and 2) the earlier of the last date of this contract or the last day the person participated in the program, for each person.

100% of total waiver-allowable costs for participants in the CIP 1A should be reported on the Community Aids Reporting System (CARS) Profile 558 (CIP 1A). The Department will allocate these costs based on the current federal percentage rate to payment lines. The federal amount will be allocated to CARS Profile 581 (CIP 1A Federal), a sum sufficient payment line. The balance will be allocated to contract controlled CARS Profile 580 (CIP 1A Non-Federal). Costs over the amount of the non-federal contract will roll to the CARS Profile 561 (Basic County Allocation). To collect other match sources, the County must adjust the profile(s) through an amended CARS report or include them with the following month's claim. "Current federal percentage rate" means the federal Medical Assistance Percentages (FMAP) that are finalized and published in the federal register. The federal government uses state per capita personal income to calculate each state's reimbursement rate for Medicaid and other grant programs. The matching rate, calculated annually, is known as the FMAP. The FMAP for the current federal fiscal year can be found on the Federal Register Website. (www.federalregister.gov)

Reallocations: The Department may also reimburse the County for additional expenses exceeding their

contract maximum if funds are available from other Counties. Any minimum potential earnings not used by the County for the cost of services are subject to reallocation.

Increases: The total value of this contract may be increased during the contract period if the County submits an individual service plan for a prospective CIP IA participant as specified in the MA Waivers Manual and receives approval permitting the County to use a new CIP IA slot. The amount of the increase will be at the most recent “enhanced” rate unless the person approved replaces a person whose episode of services closed. In this instance, the County will not receive an additional slot, but will use the vacated slot for this person. The rate will be the same and there will be no increase to the contract. The approved increase will be determined by applying the funding formula contained in this section which details the seven funding levels and applicable dates.

As the CIP IA Program transitions into managed long term care, a county’s CIP IA allocation will be reduced to reflect that individuals are no longer being served under the CIP IA Program; and instead are being served through the Family Care Program. The CIP IA allocation may be increased or decreased by notice from the Administrator or Deputy Administrator of the Division of Long Term Care.

II. Purpose and Conditions on the Use of the Additional Funds

These additional funds may be used by the County in accordance with the following conditions:

1. The County agrees to comply with the requirements of s. 46.275 WI Stats., Medicaid Home and Community Based Services Waivers Manual, applicable Division of Long Term Care (DLTC) Numbered memos, and other policy communications.
2. Funds may only be used for services for persons eligible for the CIP IA which are specified in an approved Individual Services Plan.
3. Consumers shall be given a choice of all qualified providers for each service covered by the waiver.
4. The amount of funds earned is determined by actual allowable MA waiver services costs incurred up to the maximum amount allowed by the contract. This amount is subject to upward revision if funds can be reallocated from other counties. The amount is also subject to revision based on the actual MA matching rate in effect on the date the service was provided.
5. These funds may only be used for persons who reside in qualifying settings including a private residence, licensed foster home for children, certified adult family home or, if the County obtains a waiver of the four bed limitation from the Department, a community based residential facility licensed for up to eight beds.
6. Case Management services shall be provided to CIP IA participants.
7. Funds may be used for supported employment services only when they are not available from the Division of Vocational Rehabilitation.
8. Earnings shall be reduced by the full amount of the per diem rate for any day a participant receives MA funded services in an inpatient setting. Such settings include general hospitals, SNFs, ICFs, or ICF-MRs.
9. Funds cannot be used to cover any portion of room and board expenses for participants except when the cost of room and board is an integral but subordinate part of covered respite care services when such care is provided outside of the participant’s home.
10. No consumer shall be required to contribute to the cost of CIP IA services beyond their cost sharing requirements pursuant to the Medicaid Home and Community Based Services Waivers Manual.
11. The County agrees to implement the Parental Fee System for Children’s Long Term Supports Waiver as directed by 2003 Act 33 of the 2003-2005 biennial budget. Requirements are available at the DHS website <http://dhs.wisconsin.gov/bdds/clts/fee.htm>.

Failure to meet these purposes and conditions will result in the loss of these funds and their repayment to the Department by the County.

III. Fiscal and Client Reporting Conditions on the Earning and Use of the Additional Funds

The County shall make the following reports to the Department as a condition of receiving these funds:

1. **HUMAN SERVICES REPORTING SYSTEM (HSRS) REQUIREMENTS:** The County shall report according to the requirements specified for CIP IA contained in the HSRS Reporting handbook. The County's HSRS reporting of CIP IA and any matching funds used for services provided shall include the federal, state and local shares of all claims for all services covered by the CIP IA waiver provided to eligible participants. The County shall also report all units of service provided as a result of all funds reported and on all other required reporting elements contained in the Section of the HSRS Handbook covering the Long Term Support Module. Reports to HSRS shall be submitted to the Department monthly on the Long Term Support Module of HSRS in accordance with the instructions contained in the HSRS Handbook, and applicable DLTC Numbered Memos. Funds may be withheld if HSRS reporting is more than two months behind.
2. **FINANCIAL REPORTING ON 20- 942, *Expense Report For Human Services Program and 22-540 (formerly HSRR) Human Service Revenue Report*:** Total actual costs incurred and revenue received by the County for eligible CIP IA participants shall be reported according to the schedule in the State/County Contract.
3. **COMMUNITY AIDS REPORTING SYSTEM (CARS):** The County shall report the expenditure of these funds monthly, on the DMT Form #600, according to instructions for Profile 558 contained in the "CARS ACCOUNTING REPORTS MANUAL." The amount reported on CARS is subject to adjustment if as a result of the contract reconciliation process, the total amount differs from the County's final adjusted claims contained on the HSRS.

IV. Payment Procedures

The Department shall pay these funds to the County in accordance with the State/County Contract. Payments made through 6/30/2013 are limited to 6/12 of the contract with the balance paid after 06/30/2013 based on reported costs up to the contract level for the NON fed profiles.